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APPLICANTS

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** CONTINUING DATA ***** *None*
NC

** FOREIGN APPLICATIONS ***** *checked*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	AUSTRIA	DRAWING 8	CLAIMS 22	CLAIMS 1
Verified and Acknowledged	<i>NC</i>	Examiner's Signature	Initials		

ADDRESS

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TITLE

Explosion-operated power tool

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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